

Massachusetts Department of Environmental Protection

Bureau of Waste Prevention – Air Quality

BWP AQ AP-SR

Source Registration/Emission Statement

SSEIS Identifier

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information

1. Facility - the site or works at which the regulated activity occurs:

Name

Street Address

City

State

Zip Code

Facility Contact Person:

Contact person's title:

2. Mailing address:

Street/PO Box:

e-mail address (optional)

City

State

Zip

Telephone # Area code and extension

Fax # Area code

3. Facility owner:

Owner or Corporation Name (private, local government state government, utility)

Telephone # Area code and extension

4. ID numbers

SSEIS Identifier Number

US EPA Identifier Number

FMF Identifier Number

5. UTM coordinates Zone:

Horizontal or Longitude

Vertical or Latitude

6. North American Industry Classification System (NAICS) 6 digits

7. Facility description:

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A. Facility Information (cont.)

8. Requirements:

Reporting requirements ☐ yes ☐ no Monitoring requirements ☐ yes ☐ no

9. Does your facility utilize any of the Hazardous air pollutant chemicals regulated under Section 112 of the Clean Air Act (see CAA list of Chemicals):

☐ yes ☐ no

10. Hours of Operation:

Start time End Time Days ☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S

11. Number of Employees

B Certification

"I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and, that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

Signed under the pains and penalties of perjury:

Signature of Responsible official

Print Name

Title

Date